

AFFILIATION BONUS WRITTEN AGREEMENT FOR THE NAVAL RESERVE INCENTIVE PROGRAM
(Chapter 5, Title 37, U.S. Code, Section 308e)

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 5, Title 37, U.S. Code, Section 308e.

PRINCIPLE PURPOSE: To establish eligibility for the Reserve Component Incentive Bonus Program.

ROUTINE USES: Information will be used as a resource document indicating participation status of each servicemember in the Reserve Components Incentive benefits program. Determination of participation status or eligibility will involve computer matching between Department of the Navy and the Defense Finance and Accounting Service (DFAS) using information from this document.

DISCLOSURE: Voluntary; however, failure to provide the Social Security Number may delay processing of this agreement and may result in the respondents eligibility not being established.

1. SERVICE MEMBER (Print or Type)

a. Name (LAST, First, Middle Initial)	b. Social Security Number:	c. Rate / NEC:
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2. ACKNOWLEDGEMENT

In connection with my affiliation in the Naval Reserve under the Reserve Components Incentives Program, I hereby acknowledge that I meet the eligibility criteria, as follows:

- a. I am affiliating with the Selected Reserve for the remaining period of my initial Military Service Obligation (MSO) in a permanent Rating/NEC that is approved for bonus entitlement by the Naval Reserve.
- b. I have satisfactorily completed my term of obligated Active Duty service, have been released from Active Duty under honorable conditions, and have a Reserve military obligation under section 651 of 10 U.S.C.
- c. I have not previously received an affiliation bonus for service in the Selected Reserve.
- d. I have not been affiliated in the Selected Reserve at any time in the 180 days prior to this written agreement.
- e. I do not have a mandatory Inactive Duty Training (IDT) obligation at the time of affiliation or, I have completed my mandatory obligation, and have maintained satisfactory participation for the preceding 12 months.

3. OBLIGATION

I shall incur the obligations of this enlistment, as follows:

- a. I am affiliating in the Naval Reserve for the remainder of my Military Service Obligation (MSO) of ____ year's ____ month's ____ days.
- b. I shall serve satisfactorily as prescribed by Naval Reserve regulations and this written agreement for the entire period of my enlistment.
- c. I further obligate to serve in the same Military Department and in the same critical rating for which the bonus is approved, unless excused for the convenience of the Government.

4. AUTHORIZED NON-AVAILABILITY

If I am not able to continue to serve in the Selected Reserve for a valid reason approved by the Commander, Naval Reserve Force, following a period of satisfactory Reserve participation, I may be authorized up to one year of non-availability. I understand that if approved, I shall be suspended from this incentive and not receive payments during the period of suspension. To regain eligibility for further payments I must return to a Selected Reserve status prior to the expiration of the approved non-availability and extend my commitment for the duration of the approved non-availability to serve the full qualifying period in the Selected Reserve. Entitlement to subsequent payments shall resume on the adjusted anniversary date of satisfactory, creditable Selected Reserve service (i.e., the date shall be adjusted for the period of non-availability). Failure to meet reinstatement criteria shall result in termination of the incentive and recoupment, as appropriate. Only one period of release is permitted during the qualifying contractual agreement.

5. ENTITLEMENTS

I shall receive my affiliation bonus as follows:

- a. I will be paid a bonus equal to \$50 multiplied by the number of months remaining on my Military Service Obligation at the time of my affiliation.
- b. If I have 18 whole months or less remaining on my initial MSO, I will receive the entire calculated bonus amount, less taxes, upon verification of entitlement.
- c. If I have more than 18 whole months remaining on my initial MSO, I will receive one-half of the total calculated bonus amount, less taxes, as an initial payment, and the remaining amount, less taxes, upon the seventh anniversary of my original enlistment.

6. STATEMENT OF UNDERSTANDING

1. I shall be terminated from eligibility as follows:
 - a. If I fail to participate satisfactorily in training with the Selected Reserve per current directives that includes maintaining medical and dental readiness.
 - b. If I voluntarily separate from the Selected Reserve for any reason including Active Duty for Special Work, or Active Duty Training for more 179 consecutive days.
 - c. If I voluntarily change to a non bonus-eligible rating without the express direction of Commander, Naval Reserve Force.
 - d. If I fail to extend the contracted term of service for a period of authorized non-availability.
2. If I am terminated, an amount to be recouped or reimbursed shall be computed, as follows:
The number of months I have served satisfactorily during the term for which my bonus has been paid shall be multiplied by the monthly rate authorized by the particular bonus. That amount shall be subtracted from the total amount of bonus paid to me to date. If the calculation indicates overpayment to me, I will refund that amount to the Government of the United States. If the calculation indicates that I have earned more than I have been paid, I shall receive a final payment in that amount.
3. Termination from bonus entitlement and/or any refund made by me shall not affect my period of obligation to serve in the Ready Reserve.
4. Recoupment of a bonus payment as calculated under subsection 2, above, shall be waived if termination was for any of the following reasons:
 - a. I am accepting an immediate appointment as an officer in the Ready Reserve, and have completed more than 1 year of the incentive contract term.
 - b. I am involuntarily separated from the Selected Reserve as a result of unit inactivation, relocation, reorganization, or a directed reduction in the Selected Reserve force.
 - c. I am not recommended for retention in the Naval Reserve as determined by a medical review board, and that my medical condition was not caused by my own willful misconduct.
5. I have read and understand each of the statements above, and understand that they are intended to constitute all promises or agreements whatsoever concerning my enlistment or extension of enlistment. No other promises, representations, or commitments have been made to me in connection with my prior service enlistment bonus. (If none, write "NONE").

7. SERVICEMEMBER

a. TYPED OR PRINTED NAME (LAST, First, Middle Initial)	b. Rank	c. Signature	d. Date
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8. COMMANDING OFFICER OR DESIGNEE

a. TYPED OR PRINTED NAME (LAST, First, Middle Initial)	b. Grade	c. Signature	d. Date
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